O08 Clinical activity of vofatamab, an FGFR3 selective antibody in combination with pembrolizumab in metastatic urothelial carcinoma (mUC), updated follow up results from the interim analysis of FIERCE-22

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Introduction & Objectives: Patients (pts) with mUC who have failed platinum-based chemotherapy have a poor prognosis. Reported response rates to immune checkpoint inhibitors (ICI) are approximately 20%. Pts that harbor FGFR3 mutations or fusions (mut/fus) or have high FGFR3 expression, may have a lower sensitivity to ICI. Vofatamab (B-701) is a fully human monoclonal antibody against FGFR3 that blocks activation of both the wildtype and genetically activated receptor. FIERCE-22 is a Phase 1b/2 study designed to evaluate vofatamab in combination with pembrolizumab (VP) (NCT03123055).

Materials & Methods: The Phase 2 (P2) study enrolled mUC pts who had failed to ≥1 prior line of chemotherapy or had recurred within 12 months of (neo)adjuvant chemotherapy. Pts had measurable disease and ECOG <2. Treatment consisted of vofatamab monotherapy at 25 mg/kg for 2 weeks followed by the combination of vofatamab with pembrolizumab 200 mg q3w. Paired tumor biopsies were obtained pre-vofatamab and 14 days post vofatamab treatment. Efficacy was assessed by investigators per RECIST 1.1. Primary objectives were safety and activity.

Results: In the P2, 28 pts have received treatment (wild-type (WT): 20, mut/fus: 8). Patients were unselected for PD-1 status, predominately male (55%) white (95%), all had received at least 1 line of prior chemo (range: 1-5 lines) and 60% had Bellmunt score of >1. The safety profile was consistent with previously reported data for pembrolizumab. Treatment-emergent adverse events (TEAEs) occurring in >20% of patients were anemia, fatigue, pyrexia, and diarrhea. Vofatamab-related TEAEs reported in >2 pts were diarrhea, fatigue and pyrexia. The combination was active across mut/fus and WT tumors as previously reported. At median follow-up time of 7.5 months, the ORR in the tumor response evaluable population is 29.6% and the median PFS is 4.7 months. Nine pts (32%) are continuing study treatment plus 9 pts are in long-term survival follow up.

Conclusions: VP combination therapy is well tolerated with encouraging ORR and prolonged PFS compared to historical data from pembrolizumab alone. We will present updated safety and efficacy data including OS at 12 months.